



COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-9594
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|---------------------------|
| FOR OFFICE USE ONLY |
| Fee: <u>\$250.00</u> |
| Date Received: _____ |
| Public Notice Date: _____ |
| P&Z Hearing: _____ |
| City Council: _____ |

Zoning Map Amendment Application

Applicant Name (Please Print): _____

Applicant Address: _____

Phone: _____ **Email:** _____

Property Owner, Address & Phone (If different from applicant): _____

Property Location: _____

Zoning District Map change from _____ to _____. Please describe the purpose of the requested change:

- Please attach a copy of the owner's **WARRANTY DEED** or a **TITLE REPORT** with the complete and correct legal description for the subject property.

- Please attach supplemental information for Planned District request per Chapters **400.060** and **404.100** of the Excelsior Springs Municipal Code.

Applicant

Owner (If different from applicant)

Date

Date